



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 2793

SERIAL NUMBER 10/748,831	FILING OR 371(c) DATE 12/30/2003 RULE	CLASS 424	GROUP ART UNIT 1633	ATTORNEY DOCKET NO. NOR-016CP2 and 286336.155
------------------------------------	---	---------------------	-------------------------------	---

APPLICANTS
 Richard L. Boyd, Hampton, AUSTRALIA;
 QN OK

**** CONTINUING DATA *******
 This appln claims benefit of 60/527,001 12/05/2003 and is a CIP of 10/419,068 04/18/2003 ABN which is a CIP of 09/976,712 10/12/2001 ABN which is a CIP of 09/969,510 10/01/2001 ABN which is a CIP of 09/966,576 09/26/2001 ABN which is a CIP of 09/758,910 01/10/2001 ABN which is a CIP of 09/795,286 10/13/2000 ABN and is a CIP of 09/795,302 10/13/2000 ABN
 QN OK

**** FOREIGN APPLICATIONS *******
 AUSTRALIA PP9778 04/15/1999
 AUSTRALIA PR0745 10/13/2000
 AUSTRALIA PCT/AU00/00329 04/17/2000
 AUSTRALIA PCT/AU01/01291 10/15/2001
 QN OK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 08/07/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: [Signature] Initials: QN	STATE OR COUNTRY AUSTRALIA	SHEETS DRAWING 49	TOTAL CLAIMS 82	INDEPENDENT CLAIMS 9
--	---	--------------------------------------	-----------------------------	---------------------------	--------------------------------

ADDRESS
23483

TITLE
Hematopoietic stem cell gene therapy

FILING FEE RECEIVED 1282	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---